## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/521040

| CLAIMS AS FILED - PART I   |  |   |   |                                   |              |                               |       | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                            |                        |
|--|--|---|---|-----------------------------------|--------------|-------------------------------|-------|---------------------|------------------------|----------------------------|----------------------------|------------------------|
| _  | NATIONAL                                       | CTACE FEE                                 | (Column 1)  |                                   | (            | (Column 2)                    | 7     | <del></del>         | <del></del>            | ]<br>]                     | SWALL                      | ENIIIY                 |
| 0.5  | . NATIONAL                                     | STAGE FEES                                |   |                                   |              |                               |       | RATE                | FEE                    |                            | RATE                       | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT. = \$ 150   |                                   | LARC         | SE ENT. = \$ 300              |       | BASIC FEE           |                        | OR                         | BASIC FEE                  | 300                    |
| EXA  | MINATION FE                                    | ΈΕ  | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                                   |              | her situations = 100 / \$ 200 |       | EXAM. FEE           |                        |                            | EXAM. FEE                  | 200                    |
| SEA  | RCH FEE  | · · · · · · · · · · · · · · · · · · ·     | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                   |              | her situations = 250 / \$ 500 |       | SEARCH FEE          |                        |                            | SEARCH FEE                 | 400                    |
| FEE  | FOR EXTRA S                                    | SPEC. PGS.                                | minu  | ıs 100 =                          |              | / 50 =                        | l     | X \$ 125 =          |                        |                            | X \$ 250 =                 |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | <i>3 f</i> minus 20 =   |                                   | •            | 18                            |       | X \$ 25 =           |                        | OR                         | X \$ 50 =                  | 900                    |
| IND  | EPENDENT CL                                    | AIMS                                      | 1 d m   | inus 3 =                          | •            |                               |       | X \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   |                                   |              |                               |       | + \$ 180 =          |                        | OR                         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |                                   |              |                               | TOTAL |                     | OR                     | TOTAL                      | 1800                       |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |   |                                   |              |                               | _     | SMALL ENTITY        |                        | OR                         | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA              |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                                |              | =                             |       | X \$ 25 =           |                        | OR                         | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus   | ***                               |              | =                             |       | X \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |                               |       | + \$ 180 =          |                        | OR                         | + \$ 360 =                 | •                      |
|  |  |   |   |                                   |              |                               |       | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE        |                        |
|  |  | (Column 1)                                |   | (Colun                            | nn 2)        | (Column 3)                    |       |                     |                        |                            |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA              |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                                |              | = .                           |       | X \$ 25 =           |                        | OR                         | X \$ 50 =                  |                        |
|  | Independent                                    | •   | Minus   | ***                               |              | =                             |       | X \$ 100 =          |                        | OR                         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |                               |       | + \$ 180 =          |                        | OR                         | + \$ 360 =                 |                        |
|  |  |   |   |                                   |              |                               |       | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                   |              |                               |       |                     |                        |                            |                            |                        |

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